DOCUMENT RESUME

ED 140 145 CG 011 420

TITLE	New Headings: Navy Alcoholism Prevention Program. Third Edition.
INSTITUTION	Bureau of Naval Personnel, Washington, D.C.
REPORT NO	NAVPERS-15302
PUB DATE	Mar 76
NOTE	22p.; For related document, see CG 011 421
EDRS PRICE	MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS	*Alcoholism; *Clinics; *Counseling; Drinking; *Military Personnel; *Prevention; Program Descriptions; Socially Deviant Behavior
IDENTIFIERS	*Navy

ABSTRACT

This brief booklet outlines the goals and rationale behind the Navy Alcoholism Prevention Program (NAPP). The program is built upon the assumption that alcoholism is a preventable and treatable illness. More than half the directors, counselors, and support staff at NAPP are sober alcoholics whose primary objectives involve aiding other alcoholics to help themselves. The program varies in length, usually from six to eight weeks, depending upon the seriousness of the problem. In Alcohol Rehabilitation Centers (ARC, and Alcohol Rehabilitation Units (ARU) immediate health problems are attended to, diet is regulated and vitamin intake is managed. There are films, group therapy, psychodrama, relaxation therapy and individual counseling sessions. In addition, patients attend Alcoholics Anonymous (AA) meetings up to five times a week. The booklet provides the names and locations of facilities around the world that make up NAPP. Counseling services are available to every Navy man or woman, regardless of type of duty or location. (Author/NW)

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NEW HEADINGS

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Navy Alcoholism Prevention Program (NAPP)

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Turning 180 Degrees

He was about to return to his former assignment after 6 weeks at a Navy Alcohol Rehabilitation Center. Moving with quiet assurance, packing gear and straightening up the comfortable room he'd shared with three other Navy alcoholic men in treatment, he talked about his experience.

"When I got orders to come here," he said, "I was afraid, more frightened than I ever was over any other job the Navy put me on. I figured first of all some armed guard would take me over as soon as I hit the front door. At least, I thought coming here would mean confinement, and probably the end of my Navy career. The first man I talked to when I arrived was this lieutenant commander, a line officer, and the first thing he asked me to do was to remember when anybody last said they cared anything about me, or trusted me. I couldn't remember the last time. It had been just that long ago.

"Well, I've been here 6 weeks, and now I'm going back to duty with the same men who knew me as a drunk, and I'm not afraid any more. I'm not afraid of anything. My entire life — everything and everybody from creditors to my wife and children, my commanding officer, my old shipmates, the law, you name it — it's all shaped up. Or at least I've put it into good enough shape that I can work it out. I guess you could say that I know, from here on out, I'm going to be a 4.0 sailor. A real winner."

In today's Navy, an alcoholic man or woman can be a winner once again. It's being proved over and over by the Navy Alcoholism Prevention Program.

Since the Program went into full operation in 1971, Navy personnel of all ranks and rates have worked their way back from the despair of alcohol addiction to renewed lives — to restored pride in themselves, to revived respect of their shipmates, and to rekindled love of their families.

Alcoholism, says the Navy, is a preventable and treatable illness — one that should carry no stigma. That word comes from the top: the Secretary of Defense, the Secretary of the Navy, and the Chief of Naval Operations.

The facts about the Navy Alcoholism Prevention Program are in this booklet. It tells you how to get help — for yourself, for a shipmate, for a troubled man or woman in your command.

There are no guarantees. Not in this booklet, nor in the Program. There are none in life. But experience shows the odds for success are very high: About 70 percent of all Navy, Marine Corps, and Coast Guard members treated at Navy rehabilitation facilities are being restored to duty and complete their enlistments.

This booklet tells how thousands of Navy men and women have done just that — turned 180 degrees, from loser to winner, on the new headings offered by the Navy Alcoholism Prevention Program.

Alcohol: Use and Abuse

Alcohol is a drug to be handled with care. And alcoholism is an illness that can kill, one ounce at a time.

And yet, we all know that this dangerous drug is taken regularly, with pleasure, by millions of people who can usually drink without getting into trouble.

How can alcohol be so dangerous and still be so widely used, with apparent safety, by so many? The answer is in the *way* it is used. It all depends on whether alcohol is used responsibly or abused. Abusing alcohol – taking too much, too often, for the wrong reasons – can put you on the road to alcoholism. We don't know enough about the causes of alcoholism. But we do know that nobody wants to be sick; nobody wants to be miserable. So we can be sure that no one makes a conscious decision to become an alcoholic person.

Contemplating the message – *Posters distributed by the National Institute on Alcohol Abuse and Alcoholism are prominently displayed in treatment facilities, as well as on many bulletin boards throughout the Navy.*

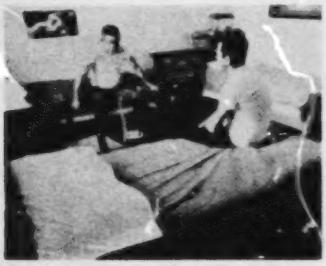
10 Million Part-Time Lives

Before you classify yourself as someone who can drink safely – the old I-can-handle-my-liquor bit – think about it. There are 10 million alcoholic people in the United States, and every one of them who is still drinking believes he or she can handle liquor. But they can't. Almost every time they drink, they get into some kind of trouble with themselves or someone else; but in spite of the trouble that nearly always accompanies their drinking, they still can't stop. They continue to drink themselves into trouble, and they spread their misery to some 40 million of their wives, husbands, children, and employers.

When an alcoholic person *does* stop drinking, the results are nearly always spectacular, in both personal and career terms. The person is still alcoholic. Always will be. But the person is a *sober alcoholic*, not a practicing alcoholic – and because the person is sober, you know he or she can perform effectively without resorting to alcohol.

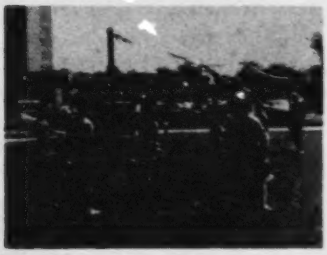
It can't be repeated too often: The root of the problem is *abuse* of alcohol. Two out of three adult Americans drink, and the majority have no apparent trouble with alcohol. But the danger is there, in every shot of hard liquor, in every can of beer, in every glass of wine – even the "soda pop" wines that are advertised as so harmless.

Checking in – *Staff member of the Navy Alcoholism Prevention Program prepares personnel records of a patient checking into a treatment facility.*



Quite moments – *NAPP patients in treatment take advantage of the privacy of a bunk room in their berthing quarters to exchange thoughts about where they've been, where they are, and – most importantly – where they want to go.*

Recreation therapy – *NAPP patients depart a treatment facility for an afternoon of recreational therapy.*



The aim of the Navy Alcoholism Prevention Program is to point up the danger, to give you the facts about alcohol and what it can do to you, to encourage you to *think* about drinking, and, finally, to help any troubled Navy man or woman face up to and solve an alcohol problem.

The Navy isn't telling you not to drink. That's your business; a choice that is completely yours – up to a point. What point? Well, the Navy *does* care about your well-being and your performance on the job. When alcohol interferes with proper conduct or performance of duty, then your drinking does become the Navy's business.

It's no surprise that there are both "safe" drinkers and alcoholic people in the Navy and the other military branches, since service people are drawn from a Nation in which 95 million people choose to drink, of whom about 12 percent drink alcoholically.

Because alcoholism is a progressive illness that often may take 10 to 15 years to develop, it's also no surprise to learn that many of those Navy people in serious trouble with alcohol are careerists with an average of more than 10 years' service. However, the largest number of our problem drinkers are under age 26.

The Extraordinary Minority

Many troubled drinkers in the Navy, having moved upward through years of service, hold important jobs, and they perform them well – until drinking catches up with them. Their command evaluations consistently place them high on the 4-point scale. And, because there is no distinction among victims, you'll find alcoholism at all levels, from enlisted men and women to ranking officers; among all races and ethnic

groups. Alcoholism has no regard for background – poor or rich, high school dropout or college graduate. The one thing alcoholic people have in common is their illness.

Because the Navy is a cross-section of American society, its drinking pattern is much like that of the civilian world, where almost half of the alcoholic people are professionals or managers; where in heavy industry, 1 out of 10 in the work force is an alcoholic person. The problem runs from the assembly line to the board room, and the pattern doesn't change much just because you put on a Navy uniform.

The Navy is aware that an alcoholic emoloyee in American society loses more than 22 work days a year and has twice as many accidents as other employees. More than half the alcoholic population is in the work force, and more than half of these who have job problems are in trouble with alcohol. Similar patterns can be seen among Navy civilian employees as well as military members.

How Big a Problem?

In 1974 BUPERS surveyed 9,508 military members ranging from seaman to admiral and found that serious consequences from drinking were experienced by 37% of enlisted men, 19% of enlisted women and male officers, and 9% of women officers. Overall, about 10% of the total active duty personnel were classified as chronic problem drinkers in need of immediate help, and more than 20% reported lost time or inefficiency on the job due to the effects or aftereffects of excessive drinking.

The Navy Alcoholism Prevention Program is based on full awareness of the use and abuse of alcohol in America society in general and in the Navy. The fundamental ideas behind the Program are these:

- Alcoholism is an illness that can be prevented and treated successfully.
- In the Navy job performance and conduct, not how much you drink, are the key indicators of whether you have a drinking problem.
- No stigma should be placed on the victims of alcoholism.
- Alcohol abuse or alcoholism cannot be an excuse for failure of discipline or performance of duty.
- The responsibility for solving an alcohol abuse problem is up to each individual, but commanders are required to order an alcoholic member into treatment whether or not he or she asks for help.
- The Navy is determined to provide the resources necessary to help those in trouble with alcohol.

The Official Position

These briefly stated principles are spelled out in detail in law and a series of directives, such as:

Public Law 92-129, "Identification and Treatment of Drug and Alcohol Dependent Persons in the Armed Forces."

Department of Defense Directive 1010.2, "Alcohol Abuse by Personnel of the Department of Defense."

SECNAVIST 5300.20, "Alcohol abuse and alcoholism among military and civilian personnel of the Department of the Navy."

The Instruction of the Secretary of the Navy, issued 18 May 1972, specifically directs that the law and the Defense Department directive be carried out in full, and makes the following important points:

> "The Department of the Navy recognizes that the disease, illness, or condition known as alcoholism is preventable and treatable, and requires the application of enlightened attitudes and techniques by command, supervisory, and health service personnel. Prevention is the responsibility of the individual. . . . an individual must actively seek and cooperate in treatment or rehabilitation efforts or he may be determined to be unsuitable for further military service or employment and may be separated." (Paragraph 5.a.)
>
> "The Department of the Navy's policies related to standards of behavior, performance, and discipline must be firmly maintained and affirmed. These standards, however, will be applied to the individual's demonstrated conduct rather than to his use or abuse of alcohol. Alcoholism, in itself, should not be considered as grounds for disciplinary action." (Paragraph 5.b.)
>
> "The Department of the Navy recognizes that society has often associated a stigma with alcoholism which has little basis in fact and which is counterproductive to successful rehabilitation. The effects of this stigma have served to reinforce the alcoholic person's or alcohol abuser's denial of his problem and to encourage supervisory and medical personnel to cover up in an attempt to protect the individual's career. In order to bring the alcohol problem out into the open where it can be treated, stigmatic effects must be reduced to the minimum. Accordingly, continued service, job security, or promotion opportunity will not be denied solely on the basis of prior alcoholism or alcohol abuse, provided the individual has participated in his successful treatment and recovery." (Paragraph 5.c.)
>
> "It is the private decision of an individual to use or not to use alcoholic beverages lawfully unless his use of alcohol interferes with the efficient and safe performance of his duties, reduces his dependability, or reflects discredit on the Department of the Navy." (Paragraph 5.e.)

Similar Instructions and Directives have been issued by the Commandant of the Marine Corps and the Commandant of the Coast Guard, and members of both these services are eligible for treatment and rehabilitation in the Navy

Alcoholism Prevention Program.

OPNAVINST 6330.1, "Alcohol abuse and alcoholism among Navy personnel" of 29 May 1973, the official position of the Navy on alcohol abuse and alcoholism is spelled out in detail. What it says, in part, is this:

> "Alcohol abuse and alcoholism to any degree constitute an unacceptable loss to the Navy in training investment and operational efficiency and a high cost in resources and human suffering." (Paragraph 3.a.)
>
> "Alcoholism is an illness for treatment and rehabilitation purposes." (Paragraph 4.a.)
>
> "Alcoholism is not compensable for disability purposes." (Paragraph 4.b.)
>
> "While the basic individual responsibility for prevention and treatment is recognized, commands are responsible for identifying alcoholic persons and ordering them into rehabilitation whether or not they first seek or volunteer for treatment." (Paragraph 4.c.)
>
> "After candidly presenting the officer or enlisted member with factual evidence of his drinking problem, commands should consider the judicious use of suspended punishment to channel the individual into an effective alcohol education or treatment program." (Enclosure 3, paragraph 3.j.)
>
> "Commands must make every effort to confront and eliminate the stigma which has long been associated with alcoholism." (Paragraph 4.e.)

That official language reaffirms, in regard to alcohol abuse and alcoholism, another long-standing tradition: The Navy takes care of its own. The alcoholism effort is an important part of the total Human Resource Program, which emphasizes the individual importance of every man and woman in the service.

On 27 June 1975, the Director of Civilian Manpower Management issued OCCMINST 12792.4, Subj: Department of the Navy Civilian Employee Assistance Program, which broadened the scope of the civilian alcoholism program to include problems other than those resulting solely from alcohol misuse. It states in part:

> "That management is not concerned with the employee's use of alcohol or other substances except as it may affect his job performance or the efficiency of the service." (Paragraph 5.e.)
>
> "The program provides for management assistance to employees with a broad spectrum of problems which interfere with job performance or conduct. Of these employees, 60% or more will have a problem which involves alcohol . . . Since the basic concept for dealing with alcohol problems applies equally to civilian and military personnel, it is not

intended that there be separate, duplicate programs." (Paragraph 6.)

OCMMINST 12792.2, Subj: "A Cooperative Labor-Management Approach, Department of the Navy Civilian Employee Alcoholism Program," was issued on 31 January 1974. Developed in cooperation with the labor organizations which hold national consultation rights in the Department, it points out that alcoholism is a matter of common interest, and describes how management and labor can work together to implement the program for the benefit of all concerned. The provisions of this instruction are applicable to the employee assistance program. OCMMINST 12792.3, Subj: "Alcoholism Program Training for supervisory personnel" of 29 November 1974, provides guidelines for training supervisors in implementation of the program. It is applicable to, and with only minor modification is adequate for supervisor training in the Employee Assistance Program.

That official language reaffirms, in regard to alcohol abuse and alcoholism, another long-standing tradition: The Navy takes care of its own. The alcoholism effort is an important part of the total Human Goals Program, which emphasizes the individual importance of every man and woman in the service.

Getting It Straight

Because the Navy Alcoholism Prevention Program is realistic and practical, it doesn't go off on tangents over the so-called "morality" of alcohol, nor does it go for hellfire-and-brimstone sermons. The Program emphasizes straight talk, advice, and counseling from men and women who themselves have worked their way through the problem of alcohol addiction and know what they are talking about.

Because they've been to the well and back too many times themselves, many of those who work in the Program are also experts in the self-deceiving tricks which years of drinking have taught an abuser of alcohol who wants to hide the illness and is determined to deny there is a problem.

More than half of those who run the NAPP – directors, counselors, and support staff – are sober alcoholics who have been through the mill and have heard all the stories. More important: They understand at firsthand how painful the illness of alcoholism is; and they are ready to help in any way that will work for each individual. Their attitude can be summed up in two simple statements:

– If it works, we use it.

– If it's not good for you or for the Navy, it's no damn good.

In otherwords, the Program approaches alcoholism and alcohol abuse with realism and understanding. It recognizes that alcohol is poison to some, and in any case, a drug to be used with extreme caution. The Program also recognizes that there can be a relapse, that a person can fall off the wagon.

For that reason, more than one chance is offered – *if* it can be demonstrated the person is really trying and his performance is improving.

The Navy puts the final responsibility where it belongs: on you. But if you are willing to do your part, the Navy will go all the way with you.

The Rebuilding Process

How does the Navy Alcoholism Prevention Program work?

First off, it works well.

The Navy's first alcoholism treatment center was opened by the Bureau of Medicine and Surgery at Naval Station Long Beach, Calif., in August, 1967, and the Navywide program was initiated on 22 August 1971 under the Bureau of Naval Personnel. By 1 July 1975, the Navy had treated more than 10,000 alcoholic men and women. Based on 2 years monitoring of patients after leaving treatment, the Program has demonstrated that 7 out of 10 problem drinkers who enter the Program come out of it with a chance at a life free of alcohol.

The Program has proved itself – not only for the record books, but for individuals in trouble. The effectiveness rating means the chances are very good the Program can help you if you have a problem with alcohol. It is obviously doing something right.

'Effective' Living is the Goal

The term "success rate" is not used in evaluating patients who have completed the Program. Instead, a rating of "effective" is granted if a patient displays steadier work performance, is recommended for reenlistment or for advancement in rate, or is actually advanced or promoted.

Those who return to duty and repeat old patterns of drinking, have disciplinary problems, or are not recommended for reenlistment or advancement in rate, are graded "ineffective."

Although abstinence from alcohol is not stressed in the evaluation, it has been found that the majority of treated patients display a healthier attitude, better performance marks, and a higher reenlistment percentage when abstinence is maintained.

Caring People

The program utilizes a variety of people and facilities, all geared to helping the person who has a drinking problem. They range from individuals throughout the Navy, ready to give personal counseling and support, to major alcoholism treatment facilities with extended rehabilitation programs.

In between is a variety of units and programs designed for specific problems and severity of difficulties.

Because alcoholism is a personal malady that has serious and harmful effects on others, the Program attempts to make the family a part of the recovery process. The Program also relies heavily on such groups as Alcoholics Anonymous, Al-Anon (for spouses, other relatives, and friends of alcoholic persons), Alateen (for children of alcoholic persons), the National Council on Alcoholism, and others that have been dealing successfully with the problem of alcoholism for years.

Getting Started

There are two ways to get into the Program: (1) by asking, and (2) by referral from your unit supervisor or medical staff.

Requests for entry into the Program can be made to chaplains, medical officers, or any superior officer. A word of caution: Don't try to use the Program to escape duty you don't want. The people who run the Program can spot phonies 10 miles away and around the corner, as one young sailor found. After getting orders he didn't like, he reported it was his custom to drink several quarts of vodka a day. But a thorough check revealed his "problem" was a babe, not booze.

Referrals are based on observation by commanders who, as part of their training, are alerted to signs of alcohol abuse. These warnings might include, among other signals, a falloff in performance, repeated disciplinary proceedings, frequent health problems, sudden or heavy indebtedness, or run-ins with civilian authorities.

Because a commanding officer is responsible for the well-being of all personnel under his command, he can order a serviceman into treatment. As added leverage, the commander should consider, whenever appropriate, the judicious use of suspended punishment for alcohol-related violations of regulations pending treatment and satisfactory performance after return to duty.

Doing the Job

When a commanding officer suspects a problem, he can send the individual to a medical officer. If a diagnosis of alcoholism is made, the Armed Services Medical Regulating Office is applied to for a bed.

When space becomes available in a treatment facility, orders are cut for the serviceman. When he arrives at the treatment site, he is examined for such conditions as heart disease, high blood pressure, diabetes, neurological disorders,

Counselors meet — *Most NAPP counselors like these are themselves recovered alcoholic persons whose own experience is a vital part of their qualifications for helping others help themselves.*

or liver disease. If there are no physical problems, the alcoholism treatment phase begins.

The treatment program may run from 6 to 8 weeks, depending on the seriousness of the problem or the kind of treatment program prescribed. In some cases, a shorter or outpatient program is sufficient, or an affiliation with Alcoholics Anonymous may be considered most effective for a particular case.

In Alcohol Rehabilitation Centers and Alcohol Rehabilitation Units, where the full Program is offered, immediate health problems are attended to, diet is closely regulated, and vitamin intake is managed as necessary.

The patient attends discussion and consultation sessions for about 6 hours of the morning-to-night schedule. There are films, chalk-talks, group therapy, relaxation therapy, psychodrama, and individual sessions with counselors and other staff members. The goal is an understanding of the facts about alcohol and its abuse, and a resolution of the patient's personal problem with drinking.

In addition to the regular round of therapy, each patient attends Alcoholics Anonymous meetings up to five times a week. Patients are encouraged to maintain affiliation with AA when clinic treatment is completed.

At treatment centers, patients are responsible for their own lives. There are no bars on the windows, no locks on the doors, and, at night, the patients in the centers supervise themselves. Such freedom and self-responsibility are important parts of treatment because the Program recognizes that changed personal attitudes are the only lasting foundation for recovery from alcoholism.

Carrying On

When clinical or formal treatment ends, the serviceman's temporary duty assignment is completed and he returns to his base or vessel for the reentry phase of the Program. This is a critical time for the alcoholic person. There is often a strong impulse to go back to old patterns upon return to familiar surroundings and conditions.

The Program recognizes that, with the illness of alcoholism, "treatment" never ends; the sailor is not dropped to sink or swim on his own. The serviceman does assume responsibility for continuing rehabilitation while going back to regular duty in the same way that others are sent back to regular assignments after other kinds of medical treatment.

Group therapy – *NAPP patients in treatment gather at least once a day for group therapy. Individual counseling and regular meetings of Alcoholics Anonymous are also important elements of treatment.*

No one is abandoned during the reentry period. Each rehabilitation unit sends a list of

those who have completed treatment to the appropriate members of the Referral Network of recovered alcoholics who have volunteered to help. These volunteers and Collateral Duty Alcoholism Counselors (CODACs) serve throughout the world on vessels and at bases, on duty and after hours. They offer advice, guidance, and – that most important ingredient – the understanding needed in the effort to maintain sobriety.

There is another important way in which the sober alcoholic is invited to help himself, and that is by helping others. "We depend on you" is the message given to each person who has completed a treatment program at one of the clinics.

In the year after completion of treatment, a sailor's work performance marks are expected to improve; relapses, if they occur at all, should be infrequent; and performance of duty is expected to continue unimpaired.

Whatever path an individual pursues in trying to overcome the problem of alcoholism, the Navy Alcoholism Prevention Program is ready to help – and in 7 out of 10 cases, the Program works, as thousands of recovered alcoholic persons can testify.

Goals to Meet the Needs

The Navy Alcoholism Prevention Program developed in response to the needs of sorely troubled individuals who could not handle by themselves their problem of alcoholism and alcohol abuse. Early efforts through the years had been on an individual command basis, prompted by concerned line and medical officers, and chaplains. These were important and valuable efforts. But they were scattered, and they operated as best they could without the full support in resources and personnel available today.

During the 1960s, the Nation and its Navy began to face up to the seriousness and real scope of the problem of alcohol abuse and alcoholism and the attendant unacceptable costs. There was a growing realization that alcoholism is an illness, not a defect of character, and that troubled individuals who were drinking alcoholically could be successfully treated and restored to productive, successful lives.

The general acceptance of those realities caused the Navy Alcoholism Prevention Program to be put into motion with these goals:

1. **To promote attitudes of responsibility with respect to alcohol in those persons who choose to drink, and the social acceptability of an individual's decision to not drink.**

2. **To achieve general acceptance of alcoholism as an illness that is preventable and treatable.**

3. To remove stigmatic effects associated with alcoholism, which militate against proper referral for treatment and subsequent restoration to full duty.

4. To teach supervisory personnel how to detect alcoholism in its early stages, how to induce the alcoholic person to seek treatment, and to provide knowledge of the treatment facilities available.

5. To acquaint personnel with the most effective methods of treating alcoholism.

6. To enhance overall operational readiness of the Navy by providing facilities for early identification, remedial education, treatment and rehabilitation for alcoholics and alcohol abusers.

7. To promote the acceptance of the recovered alcoholic person as a useful, reliable member of the military community.

Ports in a Storm

The Navy Alcoholism Prevention Program, like the Navy it serves, is worldwide. Every Navy man and woman, regardless of type of duty station or its location on the globe, can get help through the Program.

Here are the people and facilities that make up the Program.

Medical monitoring – *NAPP patients in treatment have their medical needs tended to, which means for many a period of time on disulfiram (Antabuse) – a medication that has no effect unless someone who has recently taken it consumes alcohol also. The effect then is a disabling physical reaction.*

ARC

– Alcohol Rehabilitation Centers (ARC), with a capacity for 75 patients, are the largest treatment facilities in the Program, offering the full 6- to 8-week intensive inpatient treatment approach. They utilize the talents of degreed and nondegreed professionals, most of whom are still active duty Navy and recovered alcoholic persons, in offering a

multidisciplinary blend of medical treatment, individual and group counseling, therapy and education, and, if desired, spiritual reinforcement. ARCs, like all Navy rehabilitation and treatment facilities, stress a whole-life approach to recovery from the illness of alcoholism. The family is encouraged to participate in recovery. Outside resources, such as Alcoholics Anonymous, Al-Anon, Alateen, the National Council on Alcoholism, and similar organizations are utilized when appropriate.

There are five ARCs, all in the United States:

	Telephone	
	Autovon	Commercial
Great Lakes Naval Training Center, Chicago, IL	792-4500	(312) 688-4500
Long Beach, CA	873-9444	(213) 420-5444
Naval Air Station, Jacksonville, FL	942-3473	(904) 778-3473
Norfolk, VA	690-1105	(804) 444-1105
San Diego, CA	958-1285	(714) 235-1285

ARU

Alcohol Rehabilitation Units (ARU) are smaller versions of ARCs, able to treat on an impatient basis 15 to 20 men at a time. They are associated with Naval Hospitals, are headed by a staff medical officer, and employ one or more Navy counselors who are recovered alcoholic persons. Most ARUs in the United States also have a civilian female counselor. ARU treatment programs are generally similiar to those in the ARCs.

Informal evaluations – *NAPP counselors and medical personnel often gather for informal assessments of how their patients are coming along, and how each patient may best be helped to deal with his or her own problems.*

ARUs are located at the following Naval Hospitals:

Stateside	Telephone	
	Autovon	Commercial
Bethesda, Md.	295-0042	(301) 295-0042
Bremerton, Wash.	439-4481	(206) 478-4481
Camp Lejeune, N.C.	279-4328	(919) 451-4342
Camp Pendleton, Calif.	993-1561	(714) 993-1561
Charleston, S.C.	494-6330	(803) 743-6330
Jacksonville, Fla.	942-3221	(904) 772-2966
Newport, R.I.	948-4718	(401) 841-4374
Oakland, Calif.	855-2088	(415) 639-2088
Philadelphia, Pa.	443-8302	(215) 215-1311
San Diego, Calif.		(714) 238-8509
Overseas		
Guantanamo Bay, Cuba	(Ask autovon operator)	937-1550
Naples, Italy	(Ask autovon operator)	760-5400
Subic Bay, Philippines	(Ask autovon operator)	885-9240
Yokosuka, Japan	(Ask autovon operator)	234-5188

Learning about the illness – *Literature that explains what alcoholism is, and how it can be confronted and dealt with, is available throughout the facilities of the Navy Alcoholism Prevention Program. In addition, films about the illness are available to the people in treatment.*

ARD

Alcohol Rehabilitation Drydocks (ARD) are a new concept under which the Navy attempts to treat the individual with minimum time away from his command. Approximately half of the ARDs have live-in capability and most operate in conjunction with Counseling and Assistance Centers (CAAC). As local programs, treatment tracks vary to conform to the needs of the local geographical area. Because of its relatively low cost, its accessibility to command involvement, and early return of the patient to productive work, the ARD is expected to become a mainstay of the Navy Alcoholism Prevention Program.

ARDs, each capable of treating up to 15 members at a time are being sponsored jointly by BUPERS and other 2nd echelon commanders at the following locations:

Adak
Alameda
Annapolis
Atsugi
Barbers Point
Bermuda
Brunswick
Charleston
China Lake
Corpus Christi
Edzell
Great Lakes
Guam
Gulfport
Jacksonville
Keflavic
Key West
Little Creek
London
Long Beach
Lemoore
Mare Island
Mayport
Lakehurst
Memphis
Meridian
Midway
Miramar
Moffet
New London
Norfolk
North Island
Oceana
Okinawa
Orlando
Pax River
Pearl Harbor
Pensacola
Port Hueneme
Roos Rds
Rota
San Diego
Subic Bay
Treasure Island
Twentynine Palms
Washington
Whidbey Island
Yokosuka

CODAC

Informal rehabilitation programs in local commands are being assisted by the volunteer Referral Network, made up of approximately 1800 recovered alcoholic persons and nonalcoholic professionals (such as physicians, clergymen, and attorneys) who work part-time to help troubled drinkers.

Within this group is the large corps of Collateral Duty Alcoholism Counselors (CODACs) who, in addition to regularly assigned Navy duties, help local commands develop and administer all phases of the alcoholism prevention and education programs, as well as serving as consultants and advisors to their parent commands.

The Program's goal is to help at least half the Navy's problem drinkers through such local efforts. With command support, CODACs

Total approach – *A multidisciplinary treatment approach has been effective in rehabilitating more than 70 percent of the Navy, Marine Corps, and Coast Guard patients admitted to the NAPP. The approach includes medication (page 14), and group and individual counseling (below).*

are helpful in establishing prevention and education programs to further reduce the incidence of alcoholism. Training aids, audio-visuals, and printed materials are supplied in support of such programs and individuals. CODACs also serve as the major contact point for other referral network volunteers.

A major aspect of the volunteer Referral Network is that it provides a point of focus for the man returning to duty from a treatment Center. Usually, by the time a man returns to his command, local volunteers have already received a letter or telephone call from the treatment facility alerting them to the man's presence in the area. The volunteers seek out the man, help him locate nearby meetings of Alcoholics Anonymous, introduce him to other people in his command who are also recovered alcoholic persons, and generally assist him in developing his own program for continued sobriety.

NASAP

The Navy Alcohol Safety Action Program (NASAP) is a major new effort aimed at improving command operational readiness and efficiency through early identification and remedial education of alcohol abusers, and treatment of alcoholics. The first successful pilot NASAP was initiated in September 1974 at Pensacola, FL.

NASAP expands upon the civilian ASAP concept developed by DOT to address the problem of drinking drivers on the nation's highways. To provide more complete support for the military commander's mission, NASAP identifies problem drinkers not only through arrests for driving while intoxicated (DWI) but also through all other alcohol related offenses or incidents such as job accidents, safety violations, fights, unauthorized absences and other breaches of discipline, excessive sick calls or hospital treatment, family or financial difficulties, and decreasing job performance.

Using established NASAP procedures, such incidents are officially recognized as "red flags" which enable crisis intervention at the time an individual is most readily motivated to participate in an effect program of remedial education or treatment.

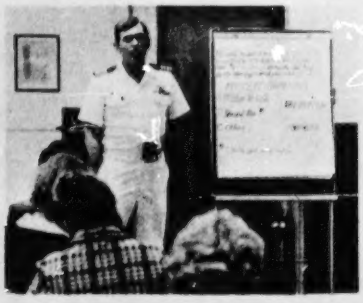
Once the problem drinker has been identified, the next step is a screening interview to determine the extent of the individual's past and present involvement with alcohol or drugs, and the nature of "other problems" if any are evidenced. NASAP screening is done on a one-to-one basis with a trained paraprofessional – a recovered alcoholic who is specially qualified to evaluate the severity of alcohol involvement and to make referrals when necessary to the proper resource agencies handling problems other than alcohol.

Depending upon the severity of alcohol involvement evidenced, the individual is then assigned to one of two levels of positive remedial action provided by NASAP. Level I, for less serious cases, is a 36-hour on-site education program aimed at the prevention of further alcohol abuse. Classes are normally conducted during off-duty hours. Level II, for chronic problem drinkers/alcoholics, comprises comprehensive treatment at a Navy rehabilitation facility.

Evaluation of the Level I counterpart programs operating in civilian communities shows a recidivism rate of only 7% based on repeat DWI arrests, and even better results have been achieved by the Navy's pilot NASAP in Pensacola. The 93% "effectives" contribute significantly to reduce absenteeism and medical treatment, improved job performance, and more effective utilization of valuable human resources.

Present plans call for immediate installation of major new NASAPs to serve the naval complexes at Norfolk, VA, and San Diego, CA. Feasibility studies are also underway for NASAP's other primary sites including San Francisco, CA; Jacksonville, FL; Honolulu, HI; Washington, D.C.; Charleston, SC; and Great Lakes, IL. To meet the requirements of OPNA /INST 11200.5B, additional efforts on a smaller scale are being undertaken by many other individual commands as part of their Drug and Alcohol Command Action Plan.

The Training Department of the Naval Alcohol Rehabilitation Center, San Diego is responsible for much of the NAPP training conducted throughout the Navy. The department offers a variety of training



Trained help — *The Navy Alcoholism Prevention Program includes training of persons for the job of Collateral Duty Alcoholism Counselor at their regular duty posts (top left). For the most part, graduates of this training program are former patients in the program. Professionally trained help is also available in dealing with alcoholism's characteristic problems — physical, emotional, and, usually, spiritual. For those who feel they need it, advice is available from regular Navy chaplains (top right).*

courses for a wide range of audiences within the Naval establishment. One of these courses (the CODAC course) is ten (10) working days in length and provides training for military and civilian personnel who are brought in from all over the world to become more familiar in the early identification of alcohol problems, techniques for getting people to confront their own problem, methods used in treatment and rehabilitation facilities, and the kinds of education programs that can be instituted at all command levels with the goal of helping prevent alcohol problems. Once trained, these personnel are returned to their commands as part-time workers in alcoholism.

The department also provides a 10-week training program for Alcoholism Treatment Specialists who will serve as full-time alcoholism counselors at treatment centers, units, and drydocks. Additionally, the department is tasked with developing and upgrading existing alcoholism curriculum to be utilized Navy wide, from recruit training through leadership training and officer candidate schools.

The department is also involved in a collaborative effort aimed at cross-training personnel from the Navy Drug Prevention Program and presently provides training for Drug Abuse Prevention Advisors and for Drug Counselors.

HRMC/HRMD

Human Resource Management Centers and Detachments (HRMC/HRMD) concern themselves with the full range of human development and problem areas. In addition to alcohol education and alcoholism prevention, they work in race relations, drug education and drug abuse control, organizational development, and overseas diplomacy. They perform in much the same fashion as civilian management consultant teams – they assist local commanding officers in identifying problem areas, and in education, training, patient referral, data gathering, and local rehabilitation programs.

Rediscovering themselves – *Because alcoholism involves all members of the problem drinker's family – some authorities call it "the family disease" – it's important that the alcoholic person's spouse participate in treatment activities (top left) aimed at resettling the confused relationships that have developed through the years of alcoholic drinking. Also, people who have adopted the lifestyle that centers on alcoholic drinking have usually lost touch with not only their families, but themselves as well. With sobriety, the mind clears and recovering alcoholic persons quietly talk with one another (top right) to rediscover the good things within themselves.*

HRMCs, established to operate on a regional basis rather than Navywide, are located at Pearl Harbor, San Diego, Norfolk, Washington, D.C., and London, England. Smaller HRMDs are located at various major shore bases.

The Navy Alcoholism Prevention Program is managed at the headquarters level, Washington, D.C., by the Assistant Chief of Naval Personnel for Human Resource Management (Pers 6). Close coordination and liaison are maintained continuously with the Bureau of Medicine and Surgery (Code 313), Washington, D.C., Further information on the Navy Alcoholism Prevention Program may be obtained by writing the Director, Navy Alcoholism Prevention Program, Bureau of Naval Personnel (Pers 64), Washington, D.C. 20370.

The Navy Alcoholism Prevention Program

Milestones in Development

15 February 1965	First Navy-sponsored Alcoholics Anonymous group (Drydock No. 1) established at Naval Station Long Beach, CA.
1 August 1967	Alcohol Rehabilitation Center (ARC) opened at Naval Station Long Beach, CA.
22 August 1971	Navy Alcoholism Prevention Program initiated by the Chief of Naval Personnel.
28 September 1971	Public Law 92-129, Title V, [enacted by Congress.]
1 January 1972	ARC opened at Norfolk, Va.
1 March 1972	Secretary of Defense promulgated DOD Directive 1010.2.
18 May 1972	SECNAVINST 5300.2 promulgated.
26 May 1972	The first Alcohol Rahabilitation Unit (ARU) opened by BUMED at Naval Hospital Philadelphia.
28 August 1972	MARCORPS Order 5370.6, "Alcohol Abuse By Members of the Marine Corps," issued.
1 September 1972	ARC Great Lakes opened.
29 May 1973	OPNAVINST 6330.1, "Alcohol abuse and alcoholism among Navy personnel," signed by VCNO.
4 June 1973	ARC opened at San Diego, CA.
1 August 1973	OPNAVINST 11200.5B Basis for implementation of the Navy Alcohol Safety Action Program (NASAP).
13 August 1973	Navy signed interagency support agreement with the National Institute on Alcohol Abuse and Alcoholism.
1 September 1973	Alcohol Training Unit for counselors and other personnel opened at ARC San Diego.
21 September 1973	The first Alcohol Rahabilitation Drydock (ARD) opened at Naval Station Roosevelt Roads, Puerto Rico.
14 November 1973	COMDTCOGARDINST 5300.4, Coast Guard Alcohol Programs.
14 January 1974	ARC Jacksonville opened.
27 June 1975	OCMMINST 12792.4, "Department of the Navy, Civilian Employee Assistance Program," promulgated.
30 December 1975	Fifty ARDs on Line.
1 January 1976	Second pilot NASAP operating in Norfolk, VA.